

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533328

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				3		
5				3		
6				3		
7				1		
8				1		
9				1		
10				2		
11				2		
12				1		
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23				2		
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29				5		
30				5		
31				1		
32				1		
33				1		
34				1		
35				1		
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40				1		
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43						
44				3		
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49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	57	←		←
TOTAL CLAIMS			58			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						